

<b>Case Number:</b>	CM14-0127316		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	07/19/2007
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 70-year-old male who reported an injury on 07/19/2007 due to pulling heavy boxes while on a ladder. On 04/07/2014 he reported low back pain associated with radiation down to the left lateral leg. He noted his pain to be at an 8/10 before medications, 5/10 with medications, and stated that the pain was aggravated by standing, sitting, lifting, and decreased with ice and medications. His medications were listed as Butrans patch 10 mg a week, Norco 10/325 mg at 6 a day, Wellbutrin SR 100 mg a day, and Relafen, Prilosec, Lisinopril, Buspar, Glipizide, Metoprolol, Paxil, Lovastatin, with unspecified doses and frequencies. A physical examination showed a raw score of 29, indicating 58% severe disability. An examination of the lumbar spine showed tenderness in the upper lumbar spine, forward flexion to 50 degrees and extension to 10 degrees with right and left lateral bending to about 20 degrees. He had a positive sustained hip flexion, positive straight leg raise on the left, and range of motion of the hips was noted to be normal. Deep tendon reflexes were at 2+ in the patellae, Achilles were noted to be trace, strength was 5/5, and sensation was noted to be intact. He was noted to have a slightly antalgic gait. He was diagnosed with low back pain. Information regarding surgical history and diagnostic studies was not provided for review. Past treatments included medications. The treatment plan was for Butrans (Buprenorphine) transdermal system 10 mcg/hour. The request for authorization form and rationale for treatment were not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Butrans (Buprenorphine) Transdermal System 10 Mcg/Hour: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter Butrans

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27..

**Decision rationale:** The request for Butrans (Buprenorphine) Transdermal System 10 Mcg/Hour is not medically necessary. The California MTUS Guidelines state that Buprenorphine is recommended for the treatment of opioid addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. It is indicated for the treatment of opiate agonist dependence. Based on the clinical information submitted for review, the injured worker was not noted to have been suffering from opiate dependence or addiction. The requested medication is recommended for treatment of opiate agonist dependence and without evidence showing that the injured worker was experiencing dependence of the medications he was using, the request would not be supported. In addition, the requesting physician failed to mention the quantity of the medication being requested and therefore, the request would not be supported. Furthermore, there was a lack of documentation showing evidence of an objective improvement in function with the use of this medication. In the absence of this information the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.